



Australian Professional Fingernail Association

PO Box 673

Kellyville, NSW, 2155

Ph/Fax: 0448 546 004

ABN 53 136 487 179

www.apfanails.com.au

Application for APFA Nail Technician Accreditation Assessment

Date: _____

Name: _____

Mailing Address: _____

_____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____

Education History: _____

Technician's Signature: _____

Membership Number: _____

Please find payment enclosed: \$192.50

Or charge my credit card:

Name on card: _____

Card Number: _____

Expiry date: _____ Card type: _____

Signature: _____